ANNUAL REPORT

1985

PRINCE ALBERT HEALTH REGION NO. 12

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PERSONNEL

(At December, 1985)

M.J. Thorn, Regional Director
Dr. H.L. Kinman, Medical Health Officer
C. Caswell, Senior Public Health Inspector
J. Rindahl, Speech-Language Pathologist
L. Laturnas, Speech-Language Pathologist
E. Jensen, Early Childhood Psychologist
M. McDermott, Public Health Nutritionist
Dr. C. Fernando, Chiropodist (Resigned June 14, 1985)
Dr. H. Worbey, Chiropodist
M. Honish, Assistant to the Chiropodist
L. Beaton, Regional Nursing Supervisor (Resigned February 5, 1985)
D. Brown, Regional Nursing Supervisor
G. Rindahl, Public Health Nurse II
E. Nickel, Public Health Nurse I
J. Brooks, Public Health Nurse I
P.J. Brasnett, Public Health Nurse I
O. Karpish, Public Health Nurse I
B. Thompson, Public Health Nurse I
R. Parkes, Public Health Nurse I
P. Stuart, Public Health Nurse I (March 14-December 31, 1985 - On Maternity Leave)
J. Sajtos, Public Health Nurse I (Resigned October 1, 1985)
H. Lindenas, Public Health Nurse I
L. Waker, Public Health Nurse I (Part-time)
C. Shaw, Assistant Senior Public Health Inspector
H. Smith, Public Health Inspector I
J. Johnson, Public Health Inspector I (Transferred to Rosetown May 31, 1985)
D. Meeds, Public Health Inspector I (Transferred to North Battleford May 31/85)
L. Hummeny, Public Health Inspector I
M. Dean, Public Health Inspector I
L. Pelletier, Clerk Typist III
B. Grezaud, Clerk Stenographer II
K. Dale, Clerk Typist II (Resigned September 30, 1985)
B. Davis, Clerk Typist II (Temporary)
J. Berkech, Clerk Typist II (Part-time)

DISTRICT OFFICES

Shellbrook	747-2525	- C. Kowalczyk, Public Health Nurse I - A. Sokolowski, Public Health Nurse I - M. Agnew, Clerk Typist I (Part-time)
Spiritwood	883-2342	- A. Drieschner, Public Health Nurse I - B. Herbel, Clerk Typist I (Part-time)
Birch Hills	749-2266	- V. Bright, Public Health Nurse I
Wakaw	233-4363	- J. Rudichuk, Public Health Nurse I - C. Fiolleau, Clerk Typist I (Part-time)
Big River	469-2122	- C. Moyer, Public Health Nurse I - G. Dunn, Clerk Typist I (Part-time)
Rosthern	232-4282	- D. Fehr, Public Health Nurse I - E. Broten, Clerk Typist I (Part-time)

HEALTH DISTRICTS, DISTRICT HEALTH COUNCILLORS
(As of December 31, 1985) (*Indicates Board Member)

HEALTH DISTRICT #1	DISTRICT HEALTH COUNCILLOR
City of Prince Albert	*Lee Gisi
	*Rod Thomson
HEALTH DISTRICT #2	
Blaine Lake	*Mabel Androsoff
Shellbrook	Harry Beilhartz
Leask	Colleen Zubkow
Marcelin	Maria DeGirolamo
Parkside	Vivian Martin
R.M. of Blaine Lake #434	Sam Cheveldayoff
R.M. of Leask #464	A. Garand
R.M. of Shellbrook #493	H. Wendel
Resort Village of Pebble Bay	Gene Wyman
HEALTH DISTRICT #3	
Big River	Opal Swedberg
Spiritwood	Carol Buchan
Canwood	Robert Briggs
Debden	Henri-Paul Fortier
Leoville	Noel Turgeon
Shell Lake	*Garnett Strate
Resort Village of Chitek Lake	Lee Henry
R.M. of Canwood #494	Ronald Peterson
R.M. of Spiritwood #496	Ludwig Schalm
R.M. of Big River #555	Lois Cooper
Resort Village of Big Shell	Gerald McLeod
Resort Village of Echo Bay	Alan Thrasher
HEALTH DISTRICT #4	
Duck Lake	Wm. Foster
Rosthern	George Oleksyn
Hague	P. Unger
R.M. of Rosthern #403	N. Zadorozny
R.M. of Prince Albert #461	*Mrs. E. Bibby
R.M. of Duck Lake #463	Carl Windels

HEALTH DISTRICT #5

Birch Hills	Jim Johnstone
Cudworth	Leona Weixl
Wakaw	Dr. L. Baker
Alvena	Wm. Chohaniuk
Domremy	*Marie Georget
St. Louis	Fernand Gaudet
Yellow Creek	Ann Lypchuk
Resort Villge of Wakaw Lake	Robert Sirois
R.M. of Hoodoo #401	Mike Rohachuk
R.M. of Fish Creek #402	Ben Boychuk
R.M. of Invergordon #430	Edwin Rundbraaten
R.M. of St. Louis #431	Stan Swenson
R.M. of Birch Hills #460	Mel Evans

HEALTH DISTRICT #6

Meath Park	Brian Isabelle
Paddockwood	Dorothy Spoonheim
Weirdale	A.V. Buchanan
Resort Village of Candle Lake	Doug King
R.M. of Garden River #490	*Gerald Zbaraschuk
R.M. of Buckland #491	Andrew Campbell
R.M. of Paddockwood #520	Wm. Neurauter
R.M. of Lakeland #521	Mona Squires
Christopher Lake	Josephine Marie Crothers

BOARD CHAIRMAN'S ADDRESS

The year 1985 was a year of limited activity in our Prince Albert Health Region. For the main part, the Melfort-Tisdale Health Region had an excellent doctor in the name of Dr. Gully, who as of February 14, 1986 resigned and left the area. We once again are sharing our Regional Director, Jim Thorn, with Melfort-Tisdale Region until a replacement can be found for Dr. Gully. This will once again cause us here in Prince Albert inconvenience. I'm sure it is nothing we can't deal with as we have come through harder times.

As some of you may be aware, we have also lost Dr. C. Fernando, our chiropodist. He has moved to Winnipeg. Dr. Hannah-Mary Worbey has now replaced Dr. C. Fernando to head our Chiropody Program.

We met with the Minister of Health, the Hon. Graham Taylor, and expressed our concerns in regards to getting an audiologist for Prince Albert. To date, the Government has been unable to locate one. They say they have been advertising all over North America for one. We are presently six months behind in serving patients with only a once-a-month clinic with an audiologist and technician coming up from Saskatoon. They stay for approximately three days.

In case of an emergency, the future accessibility and usefulness of the Emergency Measures Hospital located at the Airport is still in doubt.

The City of Prince Albert is still looking after its keep. The City is being held liable because of a contract signed with the Federal Government many years ago when they were still afraid of an atomic war.

It is also good to announce that the Provincial government will not close the S.T.D. (Sexually Transmitted Disease) Clinic as earlier announced. Public pressure did much to make the Department of Health reconsider its position and keep the clinic in operation. Our local M.L.A.'s did much to help us.

Our "No Smoking" program is going over very well. We started with the banks and credit unions. To date some branches of the banks are "smoke free". Our Regional Health Board is presently expanding our "No Smoking" program to other public areas. It will be just a matter of time before we have most of the public areas in our Health Region "smoke free".

Again, on behalf of our Board members, I want to thank our staff for a job well done; especially our field staff who because of being short-staffed, are performing their work up and above the call of duty. Keep up the good work.

Lee Gisi
Board Chairman

MEDICAL HEALTH OFFICER'S REPORT

On behalf of the Prince Albert Health Region staff it gives me great pleasure to present the 1985 annual report. The staff of the region have worked hard together with the result being a healthy community to live in.

COMMUNICABLE DISEASE

Public Health program have historically been instituted to deal with the problem of communicable disease. Our duties still entail a great deal of activity in this regard and, as Medical Health Officer, I am bound by law to keep such diseases under surveillance and report them. We also have the duty of keeping such diseases under control.

Today, a large part of our work still revolves around the presentation and epidemiology of communicable diseases. Immunization deals with the primary prevention and secondary prevention entails the investigation and management of cases. Our public health nurses and public health inspectors investigate certain cases of such diseases, especially the gastro-intestinal diseases.

Gastro-intestinal diseases (salmonellosis, shigellosis, hepatitis A, etc.) remain our chief concern, and are widely reported. Courses of instruction for food handlers, run by our public health inspectors, should help to reduce the incidence of these infections.

VITAL STATISTICS

Columns of statistics may be uninteresting, but they do represent an index of the health of the community. Our death rate and infant mortality rates can be a favourable comparison with other areas of the country.

We note that lung cancer is becoming more common amongst women, and is levelling out in the case of men. This reflects the smoking habits of men and women - fewer men are smoking. Whereas women seem reluctant to give it up. Women, also started smoking regularly more recently and this is reflected in these statistics.

The winter of 1984-85 did not bring an outbreak of influenza. There was the usual amount of upper respiratory tract infections, but little or no reported cases of true influenza. If there was a change in the character of the responsible virus, then we could expect an increase in incidence, but this has not occurred within th last several years.

I wish to thank Mr. J. Thorn and his staff of workers for their professional expertise and dedication during the year under review. We also appreciate the help and encouragement of Mr. L. Gisi and the Board of Health. It is a source of encouragement to us that we know we have their support.

Dr. H.L. Kinman
Medical Health Officer

VITAL STATISTICS

	1983	1984	1985
Population	81,215	81,164	81,099
Births	1,346	1,493	1,427
Birth Rate	16.57	18.40	17.60
Infant Deaths: 0 - 12 months	9	6	3
Neonatal Deaths (under 28 days)	7	5	7
Infant Mortality Rate	11.88	4.02	2.10
Neo-natal Mortality Rate	5.20	3.35	4.90
Stillbirths	11	10	13

CAUSES OF DEATH

	1983			1984			1985		
DISEASES	M	F	Total	M	F	Total	M	F	Total
Cancer of the Lung	19	3	22	15	8	23	23	7	30
Other cancers	46	34	80	52	35	92	49	49	98
Ischaemic Heart Disease	22	12	34	11	13	24	14	18	32
Diseases of Circulatory System	121	98	219	142	92	234	143	112	255
Disease of Respiratory System	48	27	75	44	28	72	35	34	69
Endocrine Diseases	9	6	15	3	8	11	2	6	8
Blood Disorders	5	1	6	5	3	8	9	6	15
Central Nervous System Diseases	4	4	8	4	5	9	5	5	10
Transport Accidents	25	8	33	14	6	20	18	4	22
Other Accidents	12	6	18	18	9	27	29	14	43
Suicide	2	1	3	2	-	2	3	0	3
Homicide	4	-	6	2	-	2	1	0	1
Other Causes of Death	24	19	43	27	33	60	26	21	47
T O T A I.	341	219	560	344	240	584	357	276	633

COMMUNICABLE DISEASES
REPORTED

	1983	1984	1985
Amoebiasis	0	0	0
Giardiasis	1	2	6
Salmonella	59	31	16
Hepatitis Viral A	3	1	43
Viral B	0	2	6
Meningitis Bacterial	1	0	0
Viral	0	2	0
Rubella	0	0	0
Rubeola	0	0	0
Shigellosis	22	23	81
Tuberculosis Pulmonary	5	0	1
Other	0	2	0
Scarlet Fever	0	0	0
Gastro-Enteritis Bacterial	3	1	11
Pertussis	-	-	3
T O T A L	95	64	167

PUBLIC HEALTH NURSING

This was a year of many significant events. Louise Beaton resigned as Regional Nursing Supervisor as of February 5, 1985. D. Brown replaced her effective April 22, 1985. This left one Public Health Nurse II position in the health region. The staffing situation with Public Health Nurse I's in 1985 was quite stable. The Prince Albert Rural North nursing district was vacant all year until November 18, 1985 when Joyce Brooks came on staff. Pat Stuart and Judy Rudichuk went on maternity leave in March for a total of 12 working months. The other significant staffing change is that the Public Health Nurse from Spiritwood transferred to Prince Albert leaving the Spiritwood district vacant for the last 4 months of 1985. There is one part-time nurse on staff and she covered priority services in the vacant districts with help from the remaining nurses. These changes explain very clearly the nursing statistics included here. The nursing days are reduced by 167 days. This in turn reflects the reduction in some services. The most notable is the number of home visits. It will be explained later that the larger emphasis on the preschool program had a part to play in this as well.

On June 13 & 14 and October 18 the Preschool Core Program inservices were held for the public health nurses. In these sessions the nurses obtained the information necessary to implement the seven areas of this preschool program as it is standardized throughout the province. The seven areas are: immunization, development screening, nutrition, hearing, vision, speech and language, and physical assessment.

The notable additions or changes to the previous programming are as follows:

Physical assessment - head circumference will be measured until 3 years, growth charts are kept on all children. Screening for congenital dislocated hip will be done each visit until age 12 months.

Vision - visual acuity, depth perception, and muscle inbalance screen will be done at 4 years.

Developmental - a DDST (Denver Developmental Screening Test) will be done at 6,12,18 months and 3 years.

Nutrition - the addition of new relevant information packets at 12 months.

Speech - a communication screen will be administered at 3 years of age.

Hearing - a questionnaire is given at 4,6,12 months and 3 years. At 4 years an audiometric screen is done.

Immunization - The booster for diphtheria, pertussis and tetanus and oral polio will be given at 4 years of age. This was previously given at 5 years of age.

Ideally, all children will be seen at 2,4,6, 12 and 18 months of age, as well as at 3 and 4 years of age.

This program as outlined was initiated in the last half of 1985 with full implementation by January 1986. The appointment time for each client is now 30 minutes. This is ten minutes more than the previous allotment. It becomes very clear that the number of Child Health Clinics had to be increased to accommodate the children in the Health Region. The statistics definitely reflect this. The number of Child Health Clinics has increased by almost 400 over the previous year.

PUBLIC HEALTH NURSING -

This emphasis on the preschool program also helps to explain the decreased number of home visits as referred to earlier.

The prenatal class attendance and number of classes held remain steady. The public health nurses spent considerable time in 1985 providing feedback on the prenatal class descriptions that are being produced by the nursing division in Regina. The new prenatal class manual that is being developed should be finished early in 1986 and for use by all public health nurses in the province.

Toward the end of 1985 public health nurses became much more involved in tuberculosis follow-up. They are now doing contact tracing, mantoux testing of contacts and follow-up of those under treatment for compliance.

The School Health Program remains as it has in past years. The school enrollment is up slightly and our services to these students remain high. The boosters for tetanus, diphtheria and polio will now be given at 14 years of age. This adjustment had to be made because of the change made to the 4 year booster. The two must not be more than 10 years apart. The school age immunization statistics are difficult to compare from year to year as the immunization year does not parallel the school year. The statistics for 1985 show a decrease but it is really not the case because there is still 6 months of the school year left.

Public health nurses continue to provide SAIL follow-up. This is in the area of respiratory, mobility and environmental aids. The number of visits is down somewhat as mentioned previously.

The Scoliosis Program was deleted in its entirety in 1985. The program was evaluated in early 1985 for the 11 and 12 year old females. The results proved to be similar to the evaluation done the year before on the 5 and 6 year olds and outlined in the 1984 Annual Report.

Observational visits were provided to 98 Kelsey Diploma Nursing students and field experience was provided to 6 college of nursing students for approximately 4½ weeks.

The Wakaw district office moved from the hospital to the new government building attached to the town office. This move took place in February. The space is most satisfactory.

This has been a year of many changes and challenges in public health nursing. A lot has been accomplished and much more remains to be done. I want to thank the public health nursing staff for their patience, their ability to change, their co-operation and positive attitude throughout the year. On behalf of nursing I want to thank all the disciplines within our office for their co-operation and interest, as well as the agencies outside of our department.

Finally, I would like to thank our Regional Director, Medical Health Officer and clerical staff for all the support they have provided to public health nursing in the Prince Albert Health Region in 1985.

Grace Rindahl
A/Regional Nursing Supervisor

SELECTED NURSING STATISTICS - JANUARY TO DECEMBER 1985

Nursing days	2814 3/4
Total home visits made	3140
Number not found	628
Number of Child Health Clinics held	1529
PRENATAL SERVICES	
Home visits	268
Other interviews/contacts	469
Classes held	224
1st time attended - mothers	524
Aggregate attendance - mothers	1652
Aggregate attendance - fathers	1278
BIRTHS - Total 1150	
POSTNATAL SERVICES	
Home visits	1070
Other interviews/contacts	244
INFANT SERVICES (0-12 months)	
Home visits	1408
Child Health Conference attendance	3318
Other interviews/contacts	239
PRESCHOOL SERVICES (13 months to school entrance)	
Home visits	1268
Child Health Conference attendance	4712
Auditory Screening	626
SCHOOL SERVICES	
Total enrolment	17461
Students seen for counselling/ inspection	3689 1220
Teacher-Nurse Conferences	1229
Auditory screening	1315
Health education presentations	3434

* Native births not counted.

IMMUNIZATION

Infant - DTP

DTP	OPV
1st - 1067	1171
2nd - 1013	1023
3rd - 940	984

Preschool

DTP	DT	OPV
1st - 26	3	33
2nd - 55	10	71
3rd - 97	23	110

Recall - 1752 770 2518

MMR - 1094

Mumps - 25

Measles - 0

School

TD	OPV
1st - 9	13
2nd - 9	5
Recall -1141	1158

MMR - 27
Rubella - 182
Measles - 1
Mumps - 4

MISCELLANEOUS VISITS

Adult (under 65) - 725
(over 65) - 341
Mentally handicapped - 11
Physically handicapped - 123
Communicable Disease follow-up - 145
SAIL program follow-up - Home Visits - 396
Other contacts - 175
Scoliosis Screening - not done in 1985

PUBLIC HEALTH INSPECTION

We were pleased to obtain the services of Lorne Hummeny and Marylee Dean, both recent graduates in Public Health Inspection, British Columbia Institute of Technology. Both have obtained their Certificate in Public Health Inspection (Canada), issued by the Canadian Institute of Public Health Inspectors.

Lorne has been assigned the Blaine Lake, Shellbrook, Spiritwood, Big River districts. He replaces Darlene Meeds who had looked after this area on a temporary basis. During the year, Darlene was permanently assigned to the North Battleford Health Region.

Marylee fills the vacancy created by the promotion and transfer of long service employee, John Johnson. John was appointed the Senior Public Health Inspector for the Rosetown and North Battleford Regions. Marylee's district includes the West half of the City of Prince Albert as well as the Birch Hills, St. Louis, Wakaw and Cudworth areas.

Chuck Shaw and Harvey Smith continue to provide yeoman service; Harvey in the lakes district and the East half of the city. City plumbing, substandard housing, 50% of time in administration as well as the Duck Lake-Hague line comprise Chuck's duties.

This Health Region, as well as all others in the province, assisted the Federal Health Protection Branch in the tuna and garlic oil recall and investigations.

A statistical summary of program activities appears at the end of this report.

My thanks to the public health inspection staff for their continuing dedication to the public good during a trying year. Also, our thanks to the understanding and co-operation of all municipal officials, professionals and trades people during a period of significant staff changes.

C. Caswell
Senior Public Health Inspector

PRINCE ALBERT HEALTH REGION NO. 12

PUBLIC HEALTH INSPECTION

TOTAL MANHOURS AND PERCENT OF TOTAL MANHOURS REPORTED

SELECTED DETAIL AND MAJOR ACTIVITIES

January 1, 1985 to December 31, 1985

	1985		1984	
	HOURS	%	HOURS	%
Food And Beverage Services	769	11	1270	13
Water And Waste	493	7	908	9
Accomodations, Housing And Institutions	506	7	696	7
Industrial, Agricultural, Public and Personal Service Facilities	122	2	168	2
Recreational	343	5	561	6
Plumbing	504	7	595	6
Investigations	87	1	62	1
TOTAL FACILITY RELATED	2824	41	4260	44
Travel	1038	15	1350	14
TOTAL GENERAL SERVICES	1973	28	2191	23
General Administration	1647	24	2098	22
TOTAL OFFICE SERVICES	2155	31	3193	33
TOTALS	6952	100	9644	100

CHIROPODY

From January to June, 1985 the clinic was staffed by Dr. Chris Fernando with Chiropody Assistant, Mary Honish.

Dr. Fernando resigned effective June 14, 1985 whereafter Dr. Ken Richardson from North Battleford helped to complete the month and Dr. Vince Jones from Melfort covered the satellite clinics. The clinic was closed for the month of July.

The Chiropody Assistant continued to work in a full time capacity, spending some time in North Battleford during July and again in October assisting Dr. Richardson who was without an assistant at that time.

From August 1, 1985 Dr. Nick Perry of Rosetown travelled three days a week to continue the Prince Albert Clinic until the appointment of Dr. Hannah-Mary Worbey as permanent chiropodist for the Prince Albert Health Region commenced on November 12, restoring the clinic to the usual five days a week, inclusive of the satellite clinics in Rosthern and Spiritwood.

The chiropody services are available to the residents of the Health Region providing they have a valid health services card. Patients are seen on a referral basis only. Referrals are accepted from:

1) general practitioners
2) public health nurses
3) home care co-ordinators

Referrals are priorized and placed in one of four categories:

1) medically at risk - elderly
2) medically at risk - general population
3) well elderly
4) general public - not medically at risk

The elderly are those people 65 years and older. Medically at risk is defined as; "all acute and septic conditions related to systemic general disorders such as diabetes, peripheral vascular disease, etc."

Workshops given during the year 1985 were:

1) February - the Community Clinic - Prince Albert
2) May - a presentation to the senior citizens - Wakaw

On commencement of the appointment as Chiropodist, Dr. Worbey notified the doctors in the health region, V.O.N.'s, Home Care, and contacted the hospitals for hospital privileges.

A request has come in from North Park Centre to continue the clinic that Dr. Worbey previously did for the last nine years. This clinic shall commence January 1986.

A request has also come in from Wakaw - Cudworth District #20 Home Care to set up a satellite clinic in Wakaw. Wakaw is located 42 miles South of Prince Albert. It serves the towns of Cudworth and Wakaw, and the Villages of Alvena, Bellevue, Domremy, St. Louis, Crysal Springs, Tway and

CHIROPODY -

Yellow Creek and the R.M.'s of Hoodoo, Fish Creek, Invergordon and St. Louis. The senior population is 1,200. In Wakaw there is the Lakeview Pioneer Lodge serving 50 residents, the Millsite Apartments serving 20 residents and the Local Housing Authority offers 24 suites for senior citizens. In Cudworth there is the Nursing Home serving 29 residents and the Local Housing Authority offers 26 suites for senior citizens.

Dr. Worbey has been requested to do health education workshops and is already booked until May. In January 1986 a presentation on "Chiropody as a Career" will be telecast on Cable Television.

The statistics show for the year 1984-85 a total of 1,154 patients were seen, 294 discharged, 860 total case load.

The chiropodist averages 20 patients per day for 1985. A waiting list is projected by February 1986. It is foreseeable for the year 1987 a second chiropodist shall be required for this Health Region to help with the load within the future.

The Chiropody Assistant has been bogged down with too much paperwork, letters and doctors reports, rather than working within a clinical atmosphere aiding the Chiropodist and with the overhead of work upon the already busy secretaries, it is quite evident the necessity of a part-time secretary for this busy department.

Dr. Hannah-Mary Worbey
Chiropodist

CHIROPODY COMPARATIVE STUDY

PRINCE ALBERT:	1984	1985
New Referrals	581	403
Total Visits	2422	2741
Discharges	30	179
Orthotics	20	14
Surgery		7

SPIRITWOOD:		
New Referrals	28	31
Total Visits	53	114
Discharges	0	3

ROSTHERN:		
New Referrals	29	50
Total Visits	72	260
Discharges	3	3

TOTAL PATIENTS SEEN AS OF DECEMBER 31, 1985

PRINCE ALBERT:	1984 + 1985 =	1018
	Discharges =	209
	Total 84 + 85 =	809
SPIRITWOOD:	1984 + 1985 =	55
	Discharges =	3
	Total 84 + 85 =	52
ROSTHERN:	1984 + 1985 =	81
	Discharges =	6
	Total 84 + 85 =	75

Grand Total	1154
Total discharges	218
Total Case Load	936

Average patients treated per day - 20
Maximum patient load per Chiropodist - 1000 - 1100

CHIROPODY STATISTICS

PRINCE ALBERT

Jan - Dec 1985	Total	Cat. 1	Cat. 2	Cat. 3	Cat. 4
New Referrals	403	89	44	98	172
Total Visits	2741	584	210	954	993
Discharges	179	24	3	57	95
Orthotics	14				
Surgery	7				

SPIRITWOOD

Jan - Dec 1985	Total	Cat. 1	Cat. 2	Cat. 3	Cat. 4
New Referrals	31	9	2	10	10
Total Visits	114	33	11	36	34
Discharges	3	1	0	1	1

ROSTHERN

Jan. - Dec 1985	Total	Cat. 1	Cat. 2	Cat. 3	Cat. 4
New Referrals	50	12	4	15	19
Total Visits	260	79	16	93	72
Discharges	3	0	0	2	1

SPEECH-LANGUAGE PATHOLOGY

Preschool children remain a high priority with the speech pathologists of the Prince Albert Health Region. This is reflected in the breakdown of statistics where 84% of the total caseload are children 0 - 5 years of age. Adults comprise approximately 11% of the total caseload, with school-aged children the remaining 5%.

In 1985 speech pathologists from this region were approached regarding services to children from the La Ronge area. A request was received from Northern Heatlh because a need for speech services had been identified. A new early intervention program called Children North had started in La Ronge and many of the children on the program required speech and language programming. Meetings were held in Prince Albert in May of 1985 with personnel from Children North and Northern Health Services Branch. In June, Laurie Laturnas and Jay Rindahl travelled to La Ronge to speak with Children North and view the facilities at Northern Health Services. It was decided that services to La Ronge would begin in August or September of 1985. In September of 1985, however, Northern Health Services Branch was fortunate to hire their own full time speech-language pathologist. As a result, language services from this Health Region were no longer required.

Speech, language and hearing screening clinics for 3-year-old children were discontinued by the speech pathologists. This is now a part of the CORE Screening Program carried out by the public health nurses. This procedure has been standardized across the province to ensure identification of a much larger percentage of 3-year-old children with communication difficulties. The program was formally introduced to the Prince Albert Health Region in January of 1986.

Regular speech/language clinics in all District Health Offices continued throughout 1985. Clinics were held weekly in some offices and twice per month in others. Scheduling was dependent on caseloan demands and the schedules of each speech pathologist. Regular weekly clinics were held in the Prince Albert office.

Inservices were given to preschools, hospitals and prenatal classes. Consultations and programming were provided for clients involved in the Alvin Buckwold Travelling Clinic, Early Childhood Intervention Program, Day Care (Special Needs) Program, Hospitals and Home Care. Attendance at workshops during 1985 has helped us to continue providing updated therapeutic techniques and counselling for those in need.

In September of 1985, a new Acting Director of Speech/Language Pathology was hired in Regina. Her name is Kelly Richter, formerly a speech pathologist wtih Regina Rural Health Region. Kelly brings 7½ years of experience with Community Health Services Branch to her new position. She provides direction and co-ordination to our program from Central Office and we welcome her to the job.

SPEECH-LANGUAGE PATHOLOGY -

1985 has been a year of stability for the speech pathologists of the Prince Albert Health Region. Caseload numbers are up slightly from the previous year and it is expected that 1986 will see a further increase in referrals due to the expanded public health nurse 3-year-old screening procedure. Only time will tell if this means an increase in the numbers of children seen for therapy.

We again wish to thank all Health Region staff for their co-operation during the year. A special thank-you goes to our secretarial staff for their efficiency and support during the year. We look forward to a productive 1986.

Laurie Laturnas
Jay Rindahl
Speech-Language Pathologists

Table I - Number of Referrals by Age Group

AGE GROUP	1983		1984		1985	
Pre-School	167	82	152	90	114	87
School Age	30	15	0	0	3	2
Adult	6	3	16	10	14	11
TOTAL	203	100%	168	100%	131	100%

Table II - Sources of Referrals

SOURCE	1983		1984		1985	
	No.	%	No.	%	No.	%
Public Health Nurse	94	46	96	57	71	54
S.H.A.P.	0	0	1	1	1	1
E.C.P.	3	1	4	2	6	5
Parent	18	10	25	15	22	17
Physicians	16	8	20	12	16	12
Others	55	27	18	11	15	11
TOTALS	203	100	168	100	131	100

Table III - Year End Status of Cases

STATUS	1983 Number	1984 Number	1985 Number
Waiting For Assessment	56	38	40
Assessed Waiting For Therapy	14	18	13
In Therapy/On A Program	28	56	78
Waiting For Review	19	45	34
TOTAL	177	157	165

Table IV - Reason and Number of Clients Dismissed

REASON CLIENT DISMISSED	1983	1984	1985
Initial Assessment Normal	80	38	24
Therapy Goal Reached	7	9	19
Transferred To Another Agency	126	28	47
Moved	28	19	14
Other / Service Refused	32	36	21
TOTALS	273	130	125

EARLY CHILDHOOD PSYCHOLOGY

The statistics collected throughout the year show a very constant situation as compared with the numbers for the two previous years. The number of children referred decreased from 43 last year to 41 this year while the total number of sessions conducted with individual children and their parents increased from 81 to 94. The number of referrals received from the public health nurses decreased somewhat while the number of referrals received directly from parents increased slightly. There was also a shift in the reasons for referral. Referrals made because of a concern about development decreased whereas referrals made because of a concern about behaviour increased.

The case work took up 51 percent of the Early Childhood Psychologist's time and 24 percent was spent in travel. The remaining 25 percent was fairly evenly spent on preventive activities, consultation with other professionals, community development and administration.

This has been the last year in which the Early Childhood Psychologist is twinned with the Melfort-Tisdale Region. The region will be provided with its own Early Childhood Psychologist starting early in the new year. It will be extremely beneficial for both regions to have a full-time instead of a part-time Early Childhood Psychologist.

It has been very gratifying to work in the Prince Albert Health Region and the friendly and co-operative staff will be greatly missed.

Eigil Jensen, B.A., M.Ed.,
Early Childhood Psychologist

EARLY CHILDHOOD PSYCHOLOGIST - PRINCE ALBERT

	1983	1984	1985
A. Total number of children referred and seen (first visit)	45	43	41
B. Breakdown of (a) by source of referral			
Public Health Nurse	24	13	8
Speech-Language Pathologist	1	6	6
Social Services	3	6	7
Parents	9	5	8
Physicians	7	8	8
Other	1	4	4
C. Breakdown of (A) by reason for referral			
Concern about development	32	32	23
Concern about behaviour	8	11	16
Multiple problems	1	0	0
Other problems	4	0	2
D. Average age (in years) of children younger than five			
Developmental problems	3.2	3.5	3.0
Behavioural problems	3.2	3.3	3.2
E. Total number of sessions including initial visits, reassessments and follow-up	89	81	94
F. Number of sessions at			
Regional Office	83	66	84
District Offices	0	8	7
Home	0	3	0
Other	6	4	3
G. Group education			
Number of group sessions	1	4	4
Number of people addressed	12	94	36

PUBLIC HEALTH NUTRITIONIST'S REPORT

The role of the Public Health Nutritionist is to provide nutrition education to the public to improve the nutritional status and overall health of residents in the health region.

I started as Public Health Nutritionist for the Prince Albert Health Region in June 1985. The position is shared with the Saskatoon Rural Health Region. It has been a busy and productive seven months with regards to orientation and community nutrition education.

Group education included Public Health Nurses, Weight Control Groups and leaders, Home Care, Dental Plan nurses, school students and teachers (see statistics). A monthly nutrition club has been started at Pinegrove Correctional Centre.

Weekly newspaper columns were sent to all newspapers in the health region as well as two news releases. I appeared on one television broadcast and presented one display.

Consultative services, such as providing information, materials and advice was given to various groups in the region (see statistics). Twenty-nine prenatal assessments were screened and three adults screened and counselled.

Marilee McDermott
Public Health Nutritionist

Provincially, a Nutrition Action Plan was developed for planning programs and resources. Projects I have been involved with in conjunction with other Public Health Nutritionists are as follows:

1. Two information sheets on salt and potassium were developed which will be printed and used as handouts.

2. A decision-based nutrition game entitled "Choices" was developed. This game is to complement the School Division 3 Health Curriculum which has been recently introduced in schools. It is to be printed for Nutrition Month 1986.

3. A project which will continue into 1986 is the development of additional nutrition resources for the teachers and students of Division III Health.

4. A project to create awareness for restaurant eating styles was started and it will also continue into 1986.

I would like to express my appreciation for the assistance, co-operation and support received within the health region. I look forward to the coming year.

NUTRITION STATISTICS

Community group seminars:

Group Meeting	No. of Meetings	Attendance
School students	3	160
Post secondary students	3	36
School personnel	3	27
Public Health staff	3	48
Other health professionals	1	38
Community groups	5	77
T O T A L	17	386

Consultative services to:

Group	Number
Health Region staff	29
Department of Health	6
Public	62
Health Professionals	75
Education Personnel	97
Government Agencies	7
Community Agencies and Associations	6
T O T A L	282